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AUTHOR Barrish, I. J.
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ABSTRACT

Families experiencing severe conflict are often unable to effectively implement applied behavioral procedures due to interfering emotional responses (anger, blaming, anxiety and depression) and behavioral responses (yelling, crying and physical fighting), which often reduce effective implementation of applied behavioral procedures. Specific criteria for determining when it is advisable to implement cognitive behavioral procedures prior to the implementation of applied behavioral procedures is discussed. An introduction to a cognitive behavioral framework as the initial step in reducing family dysfunction is presented. Specific cognitive behavioral responses are pinpointed as being critical for more effective family functioning and for increased efficacy of implementation of applied behavioral procedures. The specific procedures in integrating a cognitive behavioral/applied behavioral clinical package are discussed. The basic sequence and presentation of integrating cognitive behavioral and applied behavioral techniques with families is presented. Several examples and descriptions of this integration are provided. (Author/BMW)

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Integrating Cognitive Behavioral and Applied Behavior Techniques With Dysfunctional Family Behavior

I. J. Barrish, Ph.D.

University of Kansas*

Independent Practioner

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* Adjunct Assistant Professor Department of Human Development

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Requests for reprints should be sent to I. J. Barrish, 4121 West 83rd Street, Prairie Village, Kansas, 66208.

Introduction

It is a well established empirical reality that applied behavioral procedures have been functional in intervening with dysfunctional and deviant family, delinquent, and child behavior (Hall, Axelrod, Tyler, Grief, Jones & Robertson, 1972; Bernard, Christophersen & Wolf, 1977; Zeilberger, Sampen & Sloane, 1968; Phillips, 1968; Bailey, Wolf & Phillips, 1970; Hobbs & Holt, 1976). Typically, applied behavioral interventions have focused on inappropriate overt behavior (Mahoney, 1974). There are indications, however, that in applied settings some families seeking assistance are experiencing such severe conflict that traditional applied behavioral interventions focused exclusively on manipulation of environmental contingencies are unlikely to be successfully implemented. Historically for applied behavioral procedures to function effectively when applied to families, it is required that those doing the implementing (usually the parents) be capable of controlling and dispensing the reinforcers and punishers in the natural setting (Patterson, 1969; Becker, 1971). In those families experiencing severe conflict it is often difficult to implement even a limited shaping strategy because of interfering dysfunctional behavioral responses such as yelling, screaming, crying, physical fighting, and emotional responses such as anger, blaming, depression, anxiety and self deprecation. Theoretically a shaping strategy designed to incrementally improve family functioning would be acceptable, however it is possible with severe acting out families this strategy will often be undermined by interfering dysfunctional and emotional responses by family members.

In those families categorized as "severe conflict families" a promising alternative to the traditional method of pinpointing critical overt

behaviors and then attempting to instruct and implement applied behavioral techniques would be to first apply cognitive behavioral procedures. This cognitive behavioral intervention initially could pinpoint and modify dysfunctional self instruction which often leads to dysfunctional behavioral and emotional responses. If such dysfunctional cognitive responses by family members could be decreased, it may increase the probability that applied behavioral procedures designed to modify inappropriate overt behavior in the family would receive improved implementation. Determining which families are likely to require this cognitive-behavioral strategy prior to modification of inappropriate overt behavior in the family is presently based on clinical judgement by the therapist. However, it is possible and preferable to develop an empirical criteria to make this critical determination. Presently clinical judgement is based on the presence or absence of critical family variables such as; (a) severe anger outbursts by one or more family members, (b) a history of physical confrontations in the family, (c) severe communication deficits in the family, (d) empirical-experiential data suggesting that those who would be responsible for implementing contingencies for reinforcement and punishment have minimal stimulus control in relation to the behavior of the other family members such as children, and (e) empirical-experiential data suggesting that those who would be responsible for implementation have a present history of personal emotional and/or behavioral dysfunction which has interfaced with their ability to function. Clinical judgement suggests that when some or all of the variables depicted above are presented the therapist makes a probability statement regarding the likelihood of successfully

implementing an applied behavioral strategy limited to overt behavioral responses. Applied experience suggests that when there is sufficient doubt as to the efficacy of focusing only on inappropriate overt behavior it is preferable to initially implement a cognitive-behavioral strategy followed by applied behavioral intervention focused on inappropriate overt responses. In implementing a cognitive behavioral-applied behavioral treatment package the following stages would likely occur. It is possible that with some families the sequential order would be altered. In addition, it is possible certain stages will take longer with some families.

Initial Evaluation and Interview

It is important with a family experiencing conflict to initially pinpoint cognitive and behavioral deficits. Specifically those emotional responses and cognitive self statements that have the highest probability of interfering with the implementation of contingency management procedures are pinpointed as critical emotional responses and critical self statements. For example, take the case of the mother who has a history of becoming very angry, blaming, and self deprecating in regard to her childs lack of compliance with her parental requests. An example of pinpointing might look like this:

Critical Self Statements	Critical Emotional Responses
"He should do what I ask all the time"	Anger
"When he doesn't do what I ask I can't stand it"	Anger
"He's a bad son for not complying as his mother asks"	Blaming
"I'm a terrible parent because he is noncompliant all the time"	Self-deprecation

The rationale for pinpointing both emotional responses and self statements is that self statements about the behavior of another family member or about an event occuring within the family lead to emotional responses (Ellis, 1962). In the event of severe family conflict it is assumed that modification of dysfunctional self statements is critical to more appropriate emotional and behavioral responses.

In pinpointing dysfunctional emotional responses the family interview is the primary diagnostic tool. In addition, evocatively probing family members regarding their conflicts with each other often elicit dysfunctional emotional responses as well as inappropriate self statements stated out loud during the session. Individual sessions with family members can also sometimes be of assistance in the process of pinpointing inappropriate self statements. Finally, in pinpointing behavioral deficits and cognitive-emotional deficits a detailed family pre-counseling inventory such as Stuarts' Family Pre-Counseling Inventory (Stuart, 1975) can elicit much valuable data. As this initial stage progresses for each family member there will typically be a list of pinpointed critical emotional responses, critical self statements and critical behavioral deficits. Once critical emotional responses and critical self statements are targeted for modification a presentation of the approximate sequence and rationale for the therapeutic intervention are discussed. In this discussion appropriate expectation setting is stressed by the therapist so family members recognize that it is likely change will occur incrementally not dramatically. The concept of "shaping" is explained in detail as it relates specifically

to the present intervention. It is also emphasized that incremental progress has different time lines for different individuals and families. Movement in desired directions can be facilitated, it is stressed, by actively participating in family sessions and conscientiously completing homework assignments.,

An introduction to a cognitive-behavioral framework emphasizing the ABC's as discussed by Ellis (1962) is presented. The primary assumption that one family member does not cause the behavioral responses or the emotional reactions and subjective distress of another family member is emphasized. Further it is stressed that self statements by one family member about the behavior of other family members leads to dysfunctional emotional responses. It is often helpful at this point to assist the family in analyzing their own upsets using this framework and the data collected in the initial interviews. In this way the family members are often capable of recognizing how conflict occurs and often escalates within the family. All family members are asked as a homework assignment to read one of several available brief introductions to a cognitive behavioral approach to therapy (McMillin & Casey, 1975; Young, 1974; Ellis & Harper, 1961).

At this time the interfering nature of dysfunctional emotional responses when applying applied behavioral techniques to critical-behavioral deficits is discussed with family members. It is then explained that as family members become more skillfull at controlling and decreasing dysfunctional emotional responses,pinpointed overt behaviors targeted will then be focused upon for modification. A contract for a specific number of family sessions is subsequently made with the family

with a re-evaluation at the end of the initial contract term.

Cognitive-Behavioral Intervention

There are two alternative options for intervening with the family using a cognitive-behavioral strategy, an implosive or a shaping approach. Implosively, the most critical emotional responses and self statements can become those targeted for initial modification. Some argue this is the most efficient approach because it focuses on the core dysfunctional emotional responses and self statements that may be pivotal in the family's dysfunctional behavioral patterns. Of course, as with other applications of implosion therapy there is a risk that family members will not have developed sufficient skills in modifying self statements and by beginning the intervention with the most challenging emotional responses and self statements they may be programmed for failure. Typically, in dealing with families experiencing severe conflict, an incremental or shaping approach is preferred in that it initially allows for the shaping of pinpointing, disputing and restructuring skills with lesser emotionally charged emotional responses and self statements. With a shaping procedure there may be greater probability for success, skill development, and generalization over time.

The basic intervention philosophy treats a family as a group and uses standard rational emotive group techniques as described by Ellis et al. (1977). The family is thus oriented that individual family members and the therapist will likely engage in didactive interaction specifically in regard to that members dysfunctional emotional responses and inappropriate self statements. This approach has basically

been described as "individual RET in a group" (Ellis & Grieger, 1977). For example, imagine a mother vigorously criticizing a child for many misdeeds over the past week. The therapist might evocatively engage the mother one on one in pinpointing and disputing her self statements that her child must always perform responsively and competently and that he is a bad child if he does not perform adequately all of the time. In addition, the therapist might attempt to have the mother pinpoint the consequences of her behavior of cumulatively listing her criticisms of the child. However, it should be understood that as the skills of family members increase the family gradually replaces the therapist in the active-directive role of eliciting and instructing.

The basic cognitive-behavioral intervention process will consist of pursuing the modification of self statements by either disputing and restructuring or by restructuring alone. Disputation involves teaching family members specific questions to ask themselves following their emitting inappropriate self statements. These questions functionally serve to both punish the inappropriate self statement and also to disrupt the inappropriate chain of self statements. Examples of disputational questions include: What evidence exists that I can't stand this; Why is it so awful if this happens; Why should they always do what I want; etc. (Ellis, 1962).

Cognitive restructuring involves teaching family members to modify their self statements by practicing more appropriate self statements specific to events which occur in the family. As Ellis et al. (1977) points out it may be more elegant and may increase the probability for generalization to instruct families in disputation of inappropriate self

statements. However some families are not amenable to implementing disputational methods. More frequently, cognitive restructuring of self statements is more appropriate and situationally efficient if the family is willing to vigorously use their new self statements. In both instances in which disputation or cognitive restructuring are used the concept of desirable and undesirable consequences is stressed. In order for a family member to give up what they may have believed to be a perfectly reasonable emotional response and its attendant set of self statements, it becomes necessary to clearly help them specify the emotional and behavioral consequences of their cognitive behavior. Having learned for themselves as individuals, as well as a family, the undesirable effects of their cognitive behavior, they frequently develop increased motivation in decreasing their role in their personal discomfort. Throughout the course of this segment of the family intervention, many cognitive-behavioral techniques are employed. The particular techniques used in an intervention may vary. In addition, the sequence of the use of these techniques will be variable depending on what seems appropriate therapeutically.

In pinpointing inappropriate emotional responses and inappropriate self talk it is often helpful to have the family as a whole engage in imagery exercises. For example, if the family members are having difficulty pinpointing self statements, having them imagine specific conflict situations in their recent past often will generate specific emotional responses that can be pinpointed. Another technique useful in pinpointing inappropriate emotional responses and inappropriate self talk is behavioral simulation. By simulating a conflict family members

can often experience similar responses, and with probing, pinpoint either the emotional response and/or self statements. It is often very helpful to ask the family to take data on inappropriate self statements. This can be as formal as having them record the frequency and duration of inappropriate self statements. Further, it is often helpful to record behavioral data simultaneously, such as the frequency and duration of family conflicts, anger outbursts, and yelling. Sometimes, families will decline to record their behavior, but will agree to informally observe their self statements and learn to discriminate between appropriate and inappropriate self statements. In modifying self statements the use of cognitive modeling is most useful. Initially the therapist will often model appropriate self statements in responding to a specific conflict situation identified by the family hierarchy as representing the least behaviorally and emotionally upsetting. Then using the procedure of successive approximations and the basic sequence developed by Meichembaum (1977) for self instructional treatment of hyperactive children, the family members are exposed to cognitive modeling, overt external guidance, overt self-guidance, faded overt self-guidance and covert self-instruction. Behavior rehearsal is utilized during this sequence to improve performance and increase the probability of generalization in the natural setting. The process for individual family members is instructional even when they are observing another family member dealing with a critical emotional response and critical self statements.

Another set of useful techniques for modifying self statements in a family employs the use of logical and empirical evaluation and dispu-

tation (Ellis & Grieger, 1977). Initially the therapist may model and using successive approximations shape disputational skills. The family members gradually assume more and more of the responsibility for disputing their own inappropriate self statements.

Both of these procedures are typically combined, with greater emphasis placed on disputation with those families amenable to such emphasis and with emphasis on restructuring of self statements with all families but with increased stress for those not amenable to disputational methods. In addition with both disputation and restructuring as the shaping process progresses family members can assist each other in restructuring and disputing when confronted with difficult family situations. Family members are taught to reinforce other family members when such assistance is offered. Family members are also instructed that such assistance is only offered if requested by the family member experiencing discomfort. The family is encouraged to adopt the self instruction that sometimes all members will choose to be upset and reject all offers for assistance, and while this is indeed unfortunate, it is to be expected and is not a catastrophe.

It is important to emphasize that throughout the process of therapy family members are instructed in the reinforcement of successive approximations. Such instruction encourages the belief that change in the family will be incremental and that by observing and reinforcing incremental cognitive and behavior change family members can increase the probability that change will occur. For example, family members are reinforced by the therapist for reinforcing each other's appropriate behavior in situations which historically have been responded

to inappropriately. It is assumed that when a family member responds behaviorally in an appropriate fashion to a historically difficult situation, the family member was likely using appropriate self talk, therefore reinforcement from other family members will encourage cognitive behavior change as well as overt behavior change.

It is sometimes the case that during the cognitive-behavioral phase of the intervention specific overt behaviors pinpointed for modification may change in the desired direction. As this occurs and is reported family members are reinforced for such changes in behavior.

The Modification of Overt Behavior in the Family

As the family progresses through the conflict hierarchy and their self statements become more appropriate specific to pinpointed family conflict situations the family is instructed in applied behavioral techniques. Those specific family conflicts and behavior problems pinpointed are ranked in priority by the family. Systematically specific behavioral strategies are negotiated amongst family members and implemented. This often includes the clarifying of rules and consequences for compliance and noncompliance and instruction in negotiation procedures. As specific family conflict situations are confronted and behavioral solutions pinpointed, behavior rehearsal is used to simulate the implementation of the behavioral procedures and to integrate and review appropriate self talk for those family members involved in the situation. Such rehearsals and simulations represent the culmination of the integration of cognitive and behavioral methods depicted in this article. For example, in dealing with a verbally abusive adolescent family member the therapist might work with the parents on a differential

reinforcement procedure to deal with the inappropriate verbal behavior. In addition the parents are rehearsed on appropriate self talk while the adolescent is being abusive and while they are implementing the procedure. Further the adolescent family member is instructed in appropriate self talk and disputation about the original activating event in the family and then about the parents use of an extinction procedure in response to the adolescents verbal abusiveness. In this example those family members not directly involved in the conflict are rehearsed on appropriate self talk when conflict occurs between other family members to decrease the likelihood they will be upset by the conflict and increase the probability they will be capable at this time of reinforcing any appropriate behavior in those family members engaged in the conflict.

The integration of these similar sets of procedures is likely in a primitive stage of development (Mahoney, 1977). It is likely that integrations of cognitive-behavioral and applied behavioral techniques will become increasingly more sophisticated. The behavior of integrating these clinically compatible procedures will likely increase the probability of greater clinical sophistication. Whether families experiencing serious conflict improve more rapidly with the integration as compared to either using an exclusively cognitive-behavioral or an applied behavior management approach, remains an empirical question. Which parts of the integrated package are functional, or if the integration is functional, also remains the subject of future research. We may conclude, anecdotally, that the integration seems feasible and insures greater options for the therapist and family in dealing with conflict than either approach applied independently.

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